

MDR Tracking Number: M5-04-0933-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on December 1, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The aquatic therapy was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

This findings and decision is hereby issued this 3<sup>rd</sup> day of February 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 06/02/03 through 06/25/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 3<sup>rd</sup> day of February 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/pr

January 29, 2004

IRO Certificate # 5259  
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An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

#### CLINICAL HISTORY

Available documentation suggests that this patient reports injury occurring while at work on \_\_\_\_ when part of a sign fell on her. She began to experience lower back pain and she presented to \_\_\_\_ her chiropractor, on 3/27/03. An MRI was performed 4/30/03 demonstrating some disc protrusion. Neurodiagnostic studies suggest some level of L5/S1 and L4/5 radiculopathy present. The patient underwent multiple sessions of passive modality applications through 5/28/03 when she was referred for aquatic therapy with \_\_\_\_\_. Physical and occupational therapy evaluation of 5/29/03 reveals several functional deficits with weight bearing, bending, squatting strength and range of motion. Available notes suggest progressive overall improvement and eventual resolution of symptoms and functional deficits by completion of program on 6/25/03.

#### REQUESTED SERVICE (S)

Medical necessity for aquatic therapy from 6/2/03 through 6/25/03

#### DECISION

Available documentation appears to support medical necessity for aquatic therapy applied from 6/2/03 to 6/25/03.

#### RATIONALE/BASIS FOR DECISION

“Active resistive aquatic therapy is considered an appropriate low force, low pressure rehabilitation application for discogenic conditions.” -Council for Aquatic and Rehabilitation, [CATRIC; Essential Principals for Aquatic Therapy and Rehabilitation, DSL Ltd., 09 September 1999.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review.

This review and its findings are based solely on submitted materials. No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute a per se recommendation for specific claims or administrative functions to be made or enforced.